

## PHARMACY FORMULARY UPDATES EFFECTIVE 2/1/2016

MVP Health Care's Pharmacy & Therapeutics (P&T) Committee has determined that the following drugs, which have been recently approved by the FDA, will require **prior authorization** for at least the first six months following the date they are available on the market. The most current versions of our Formularies and Prior Authorization forms are available at **www.mvphealthcare.com**. MVP Formularies are also available from E-pocrates at **www.epocrates.com** 

## **New Drugs (prior authorization required)**

Drug Name	Indication	Commercial & Marketplace Tier	Medicare Part D Tier	MVP Medicaid  Non-formulary	
Tresiba	Diabetes	Tier 3	Non-formulary		
Onivyde Metastatic adenocarcinoma of the pancreas  Yondelis Metastatic liposarcoma		Medical	Non-formulary*	Medical	
		Medical Non-formulary*		Medical	
Strensiq`	Hypophosphatasia	Tier 3 Non-formulary		Non-formulary	
Genvoya	HIV	Tier 3	Tier 5	Non-formulary	
Imlygic	Melanoma	Medical	Non-formulary*	Medical	
Gleostine	Metastatic brain tumor/HL	Tier 3	Non-formulary	Non-formulary	
Belbuca	Pain management	Tier 3	Non-formulary	Non-formulary	
Cotellic	Melanoma	Tier 3	Tier 5	Non-formulary	
Tagrisso NSCLC		Tier 3 Tier 5		Non-formulary	
Viberzi	IBS-D	Tier 3	Non-formulary	Non-formulary	
Viviodex OA/RA  Veltassa Hyperkalemia  Ninlaro Multiple Myeloma  Empliciti Multiple Myeloma  Seebri Neohaler COPD		Tier 3	Non-formulary	Non-formulary	
		Tier 3	Non-formulary	Non-formulary	
		Tier 3	Tier 5	Non-formulary	
		Medical	Non-formulary*	Medical	
		Tier 3	Non-formulary	Non-formulary	
Utibron Neohaler	COPD	Tier 3	Non-formulary	Non-formulary	

## For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes							
Drug Name	Tier	Drug Name	Tier				
Trimipramine	1(Tier 2 Exchange)	Dutasteride-tamsulosin	1(Tier 2 Exchange)				
Linezolid suspension	1(Tier 2 Exchange)	Olopatadine opth	1(Tier 2 Exchange)				
Repaglinide/metformin	1(Tier 2 Exchange)						

## **Drugs removed from PA for Commercial & Exchange business:**

Aptensio XR	Corlanor	Invega Trinza <sup>™</sup>	Irenka	Stiolto Respimat	Tivorbex

<sup>\*</sup>May be covered under Part B if administered in the office or outpatient setting.

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M - Medical benefit



Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-999-3920

<sup>+-</sup>Must be obtained from Specialty Vendor